

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000026008

FILED
Apr 25, 2008
Secretary of State

Entity Name: SOOM ACCOUNTING & TAX SERVICE, INC.

Current Principal Place of Business:

315 LEROY AVE
LEHIGH ACRES, FL 33970

New Principal Place of Business:

315 LEROY AVE
LEHIGH ACRES, FL 33936

Current Mailing Address:

P O BOX 927
LEHIGH ACRES, FL 33970

New Mailing Address:

315 LEROY AVE
LEHIGH ACRES, FL 33936

FEI Number: 65-0819814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOOM, PETER
2277 CRYSTAL DRIVE
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SOOM, PETER W
Address: 2277 CRYSTAL DRIVE
City-St-Zip: FT MYERS, FL 33907

Title: D () Delete
Name: DORAN, CAROL L
Address: 315 LEROY AVENUE
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL DORAN

D

04/25/2008

Electronic Signature of Signing Officer or Director

Date